COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030347 US

As a below named inventor, I h	ereby declare that:		
My residence, post office addre	ess and citizenship are as sta	ted next to my name.	
		name is listed below) or an original, fi claimed and for which a patent is sou	
the specification of which (chec	ck only one item below):		
is attached hereto.			
was filed as United States a	application		
Serial No			
on			
and was amended			
on			
🗓 was filed as PCT internation	aal application		-
	• •		
			_
on23 March_2004			
and was amended under PCT	Article 19		
on			(if applicable).
I hereby state that I have review claims, as amended by any am		ents of the above-identified specification	on, including the
I acknowledge the duty to discl Title 37, Code of Federal Regu		erial to the examination of this applicat	tion in accordance with
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international applicatio and have identified below any on(s) designating at least one	States Code, § 119 of any foreign apports) designating at least one country of foreign application(s) for patent or in a country other than the United States of the application(s) of which priority is	other than the United ventor's certificate or of America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIOR	RITY CLAIMS UNDER 35 U.S.C. 119:	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03100822.0	28 March 2003	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)	Attorneys Docket Number PHNL030347 US
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosect	cute this application and transac

all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

į .				
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	SURDEANU	Radu	Catalin
201	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Leuven	Belgium	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Kapeldreef 75	B-3001 Leuven	Belgium
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	STOLK	Peter	Adriaan
202	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Bernin	France	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	234 Chemin du Ballois	FR-38190 Bernin	France

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
Ang	
DATE 21 October 2004	DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL030347 US

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE	DATE
	28 October 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SB/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: X Practitioners associated with the Customer Number: Practitioners associated with the Customer Number: Name Registration Number Name Registration Number Name Registration Number Number Name Registration Number Number Number Registration Number Number Number Number Registration Number Number Number Registration Number Number Number Registration Number Registration Number Registration Number Registration Number Number Registration Number Re									
Practitioners associated with the Customer Number: 24738			revious powers of attorney	given In the	applica	ition identified	in the a	ttached stat	ement under
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name								1	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name		titloners assoc	lated with the Customer Number:	24	738				
as attorney(s) or agent(s) to represent the undersigned before the United States Petent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment attached on the torn in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X		titioner(s) nam	ed below (If more than ten patent	practitioners a	re to be n	amed, then a cust	omer nun	nber must be u	ised):
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X			Name		200	, N	łame		
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The address associated with Customer Number: 24738	any and all	patent applica	tions assigned <u>only</u> to the undersi						
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/38 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee. SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee. SIGNATURE of Assignee of Record The idividual whose signature part of the application in the properties of the assignee of the control of the assignee. SIGNATURE of Assignee of Record The idividual whose signature part of the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature part of the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature part of the application in the properties of the application in the properties of	Please char	nge the corres	pondence address for the applica	lion identified i	n the atta	ched statement u	nder 37 C	FR 3.73(b) to:	
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/38 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee. SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee. SIGNATURE of Assignee of Record The idividual whose signature part of the application in the properties of the assignee of the control of the assignee. SIGNATURE of Assignee of Record The idividual whose signature part of the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature part of the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature part of the application in the properties of the application in the properties of									
Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/3B/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 02 FEB 2005 Telephone (914) 333-9637		he address as:	sociated with Customer Number:	24	738				
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signal are and title is supplied below is authorized to act on behalf of the assignee. Signature Date 02 FEB 2005 Name Michael E. Marion Telephone (914) 333-9637	Firm							· ·	
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SIGNATURE of Assignee of Record The individual whose signators and title is supplied below is authorized to act on behalf of the assignee Signature Date 02 FEB 2005 Name Michael E. Marion Telephone (914) 333-9637	the practi	tioners app	pinted in this form if the app	ointed pract	itioner	is authorized to	act on	behalf of the	e assignee,
The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 02 FEB 2005 Name Michael E. Marion Telephone (914) 333-9637	and must	Identify the							
Name Michael E. Marion Telephone (914) 333-9637		Their	SIGNA lividual whose signal dre and title	TURE of Assi supplied be	low is at	Record ithorized to act on	behalf o	the assignee	
Name Michael E. Marion Telephone (914) 333-9637	Signature	///	Made. He	aur			Date (2 FEB	2005
Title Authorized Representative	Name	Michae	1 E. Marion				Telepho	ne (914)	
	Title	Author	ized Representa	tive					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JC12 Rec'd PCT/PTC 2 2 SEP 2005

STATEMENT UNDER 37 CFR 3.73(b)

Applicant	/Patent Owner:	Koninklijke Philips Ele	ectronics N.C.	
Application	on No./Patent No.:	Concurrently	Filed/Issue Date:	Concurrently
Entitled:	IMPROVED GA	TE ELECTRODE FOR SEI	MICONDUCTOR DEVI	CES
<u>Koninklij</u> states th	ke Philips Electro at it is:	nics N.V., a corporation	<u>n</u>	
⊠ the a	ssignee of the en	tire right, title and inter	est,	
The	ssignee of less that extent (by percent cation/patent iden	an the entire right, title tage) of its ownership in tifled above,	and interest. nterest is% i	n the patent
by virtue	of:			
The a	assignment was re	e inventor(s) of the pare ecorded in the United S , or for which a cop	States Patent and T	rademark Office at
⊠ A cha the c	ain of title from the urrent assignee a	e inventor(s), of the pat s shown below:	ent application/pate	ent identified above, to
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3. F T R	he document was	recorded in the United	States Patent and copy thereof is atta	Trademark Office at ached.
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[N or 37	lote: A separate c iginal document)	must be submitted to A e assignment is to be i	ssignment docume Assignment Divisior	nt or a true copy of the in accordance with
he unde	ersigned (whose ti	tle is supplied below) is	s authorized to act	on behalf of the assignee.
Date:	22 -SEP- 20	<u>05</u> F	Respectfully submitt	ded,
		E	Peter Zawilski, F Title: Patent Atto Tel: (408) 474-9	rney